

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Moderator: Aimee Rosenow

July 22, 2014

11:00 a.m. ET

Operator: Good morning. (My name is Wendy) and I'll be your conference operator today. At this time I'd like to welcome everyone to the Statewide Population Health Call. All lines have been placed on mute to prevent any background noise. After the speaker's remarks there will be a question-and-answer session. If you'd like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question press the pound key.

Ms. Rosenow, you may begin your conference.

Aimee Rosenow: Thank you (Wendy). Good morning everyone. Thank you for joining us again this month for our Statewide Population Health call for July. We have an agenda that's pretty full today. I'm going to run through it real quick and then we'll get started with our updates. We're joined today by Charlie Hunt with the Bureau of Epidemiology and Public Health Informatics. We have with us also Lori Boline with the Kansas Health and Environmental Laboratories.

Jane Shirley is with us from our Center for Population Health. Ariel Capes has joined us from our Bureau of Health Promotion, and then we have Brenda Walker with our Bureau of Disease Control and Prevention. We're also going to hear from our Preparedness Program. Jamie Hemler is here to represent them. And then that will be followed up with the update from the Communications Office from myself and Sara Belfry. So we're ready to get started with all the updates and we'll start with Charlie Hunt, our State Epidemiologist.

Charlie Hunt: Thanks. Good morning everyone. First, I'd like to provide an update on the measles investigation that's going on in Sedgwick County with the outbreak there. As you all likely learned, we are in the process of working with Sedgwick County Health Department on a fairly large measles outbreak investigation. This comes right on the heels of and is related to measles cases in Johnson County where there were three cases. There's, of course, a larger outbreak that's going on in the Kansas City Metropolitan Area.

With the outbreak that's occurring in Sedgwick County we were initially notified on July 7 of two suspect measles cases. Since that time we now have 11 cases, which is an increase from the information we provided last week. The cases range with their onset date of rash from June 21 through July 15. So at this point the most recent probable or confirmed case we have onset of rash of July 15. The cases range in age. We have three cases that are among infants less than a year old. We have one case in a child that's less than five, but not an infant.

We have another case that's a child between the age of the 5-19 and we have six cases that are adults between 20-49 years of age. At this point we don't have solid vaccination history on any of the adult cases. I think that's an important point to consider which is similar to the national trend we're seeing. Again as I mentioned the first cases were reported to us on July 7. On July 10, we issued our [first media release](#) and then July 12 we issued an [additional release](#) announcing four additional cases and at that time we also identified a restaurant as a likely source of exposure - that was Sal's Steakhouse.

We also included in that information, the dates of potential exposure because we wanted to alert the public so that, again, preventative measures could be put in place. On July 15, we issued [another media release](#) updating our case counts and then on July 17, we issued our [media release](#) that identified a softball tournament that was held on July 4 as another place of exposure and then later in the day [another media release](#) because we had identified another restaurant, Sumo restaurant down in Wichita, as another potential source of exposure.

I would like to say, the Sedgwick County Health Department has done an outstanding job with this investigation. As you all can imagine this has involved a lot of interviews and a lot of case contact interviews and case finding and there's just been a lot of activity going on with this. I'd like to commend our laboratory staff. To date we've tested 18 patients using PCR method and there have been a few patients who have also provided serology samples, which are sent up through our contract laboratory. But in addition to the confirmed cases we have also had a lot of patients that have reported to us as suspect measles cases. Eighteen cases have been reported and ruled out.

I think the other important point to note is that IG has been given to 11 patients and we think that that's been a useful prevention strategy.

So these are patients for whom, contacts for whom it's too late to give vaccine as post-exposure, which has to be given within three days. And we have up to six days with IG. And so again I commend the Sedgwick County Health Department staff. Our primary prevention messages are of course vaccination and advising people to stay home when they're ill with rash and fever and then prompt reporting by healthcare providers. My understanding is there is going to be an update from the Immunization Program later in the call about best practices in particular that have gone on with some of our Health Departments. So I'll let Brenda Walker address that and then I'll address questions about this at the end of the call.

I also wanted to provide an update on West Nile virus. There have been no human cases in Kansas in 2014 so far. Again as given in an update made on the previous calls; 2012 and 2013 both had high activity of West Nile virus. We are conducting mosquito surveillance in Sedgwick County again this year. Nationally, as of July 15, there have been 124 counties from 28 states reporting activity. Fourteen of those states have had human cases and those include Missouri, Oklahoma and Colorado. And there's been some non-human activity reported in Nebraska. So we are watching that.

And then finally I just want to make a brief note about chikungunya virus. Again this is something that's been in the media quite a bit lately. We announced that we had [two travel associated chikungunya cases reported](#) in

Kansas and to date those are the only confirmed cases that we have. There have been some reports of some other cases in Kansas. Just this last week Florida identified two cases with local transmission. So these are patients with no travel history which was the kind of the thing that we were all worried about - that the local mosquito populations become infected and pose additional risk to humans there.

So we are watching what happens down in Florida. CDC has issued new recommendations to State Health Department and so we are reviewing that and will provide an update and guidance to health departments and healthcare providers as soon as we can get through that and customize it for Kansas. That's all I have for now.

Aimee Rosenow: Thank you so much, (Charlie). What a great update. Now we also have an update from the Health and Environmental Laboratories and Lori Boline has joined us to share that update.

(Lori Boline): Thank you and good morning everyone. My first update is about questions on [shipping](#) for the measles samples. It would be a throat or nasopharyngeal (NP) swab for measles placed in viral transport media tube (VTM), just like we send all viral samples, using a Dacron or synthetic swab. Keep these samples cold until shipping and then ship them with cold packs. It is very important to keep these specimens at refrigerated temperatures and ship using a Category B container, include a regular universal form.

Most of you already have all the supplies you need but please contact the lab or send one of the regular order forms for lab supplies in and we will make sure that you have all of the shipping kits that you need. This testing must be epi approved for any measles sample submitted. So please contact the epi hotline and if you have additional questions you can call me at 785-296-1646 and we'll help you out with your supplies or testing.

And another update I wanted to give you: I'm hoping that everyone has received their letters that we sent out to discuss the discontinuation of our viral culture program. We found out that over 90 percent of those request for viral cultures in the past tested out as herpes virus. So we've developed a new

PCR method to test herpes only. So we will discontinue doing viral culturing and in lieu of that, we will do PCR for herpes only. If you have any need to send out a viral culture, you'll have to find an alternative method and I can help guide you on that. I'm pretty excited about this enhancement in our PCR. It will produce faster turnaround time, increase sensitivity and it will differentiate between Herpes 1 and 2.

The shipping requirements are the same. The collection is the same. If you are not using the new universal form, [please order the new ones now](#). We're getting ready to stop using the old ones. On the new universal form there is this spot that just says virus, please mark that and we will do viral testing for PCR herpes only. Back to measles - if epi directs you to send in an IGG or IGM sample, please send in a serum sample and it again it will need epi approval. Any questions please call me. My number again is 785-296-1646. Thank you.

Aimee Rosenow: Thank you, Lori, for that update and now we have Jane Shirley from the Center for Population Health.

(Jane Shirley): Great. Thank you, Aimee. I have just a couple of items I want to talk about. First one, since early this year a sub-committee of the Public Health Workforce Development Coordinating Council, has been meeting to plan and develop a state-wide public health workforce competency assessment. Members of this group include representatives from the KU and the K-State MPH programs, the Kansas Association of Local Health Departments and KDHE.

This individual self assessment serves a couple of purposes and therefore it's really important that you -- everyone in the health departments and also KDHE, are aware that it is coming. The survey or the assessment will help inform the organizations and the individuals who are responsible for meeting workforce needs about areas that have gaps and it will help us identify training needs. Also by completing the assessment, participating health departments will have fulfilled core elements of domain eight in the public health accreditation standards and measures.

The applicable measure applies to both state and local health departments. The assessment that we're conducting is based on the Council on Linkages Core Competencies and it's organized into four tiers. There is an assessment that applies to every employee in both state and local health departments and we hope that all employees at all levels in both environmental and public health will participate. We're very close to being ready launch this and we will begin with all KDHE employees within the next week or so.

Shortly after we complete the KDHE process we will send a link out to all local health departments asking that all employees of all local health agencies complete the assessment. The survey is completely anonymous. There is however an option at the end of the survey to print out the results just before hitting the final Submit button and that may be a choice that many individuals select. If you have any questions about the upcoming assessment now or during the administration, the contact here at KDHE is Crist Cain.

You will be getting her e-mail and contact information on all communications about this, but her e-mail is ccain@kdheks.gov and her phone is 785-296-3641.

The other item I want to mention is the next session in the population health webinar series which will be held on Wednesday, August 6 at 12 o'clock to 12:45. The topic for this webinar is Kansas Health Matters and Sarah Hartsig from the Kansas Health Institution will be the presenter.

Many of you know that [Kansas Health Matters](#) is the very best resource for state, regional and local health data. It's free to use and it's regularly updated and added to. Even if you have used Kansas Health Matters before I'm sure there is something new for everyone to learn about. Again that session is Wednesday, August 6 at noon. To sign up you could e-mail ruralhealth, all one word, ruralhealth@kdheks.gov or call Ashley Muninger at 785-291-3819. We will also have the [links to the training for registration](#) listed in the transcript from this call. The link of that transcript can be found in the e-mail reminder that was sent out prior to the call. That's all for me. Thanks a lot.

Aimee Rosenow: (Thanks Jane). Now we have (Ariel Capes) from the Bureau of Health Promotion who will talk about the Chronic Disease Self Management program.

(Ariel Capes): Thanks, Aimee, good morning everyone. People with chronic conditions who take an active role in managing their condition can improve their symptoms and overall health by using a variety of self management techniques. The [Chronic Disease Self-Management Program](#) or CDSMP as I will refer to it now, provides the tools needed to do that. CDSMP is an evidence based approach to developing a set of skills to manage chronic condition such as goal setting, decision making, problem solving and self-monitoring. They were developed by Stanford University and are culturally appropriate for English and Spanish speaking individuals.

CDSMP workshops are offered two and half hours once a week for six weeks and they're facilitated by two trained leaders one of whom is living with a chronic condition themselves. They're held in a variety of community settings. They're highly interactive and they focus support, sharing, skill development and building confidence. Some benefits include less depression, anxiety and distress; higher self-efficacy and an increase in aerobic exercise and mobility. Also reported was an increased cognitive symptom management and communication with physicians, as well as decreased pain and fatigue, and increased energy.

I mentioned that the workshops are led by two trained leaders. Leader trainings for the workshops are four full days in which leaders learn the workshop curriculum as well as facilitation skills. Leader trainings are set up just like the workshops so they know what participants will experience. If you're interested in attending a training it is suggested that you attend with the person that you'll most likely be facilitating workshops with. If you do not have a chronic condition but you're interested in facilitating, you can find a co-worker, family member or friend, or anyone else in the community that does have any sort of ongoing health conditions and that is interested in facilitating the workshops.

We do have quite a few upcoming leader trainings. We have a chronic disease self management leader training on August 18, 19, 28 and 29 in Wichita, a diabetes self management leader training September 4, 5, 11 and 12 in Hays. Chronic disease self management, October 20th, 21st, 27 and 28 in Olathe. And another chronic disease self management leader training on November 17, 18, 19 and 20 in Cimarron. We're also working on scheduling a Tomando Control de su Salud leader training which is the Spanish version of chronic disease self management that will be in Kansas City in probably August or September.

If you'd like any more information or you have questions, again my name is Ariel Capes. My phone number is 785-296-1627 or you can e-mail me at acapes@kdheks.gov.

Aimee Rosenow: Thank you so much, Ariel. Now we're joined by Brenda Walker, Director of the Bureau of Disease Control and Prevention who is going to provide an update on Immunization.

Brenda Walker: Good morning all. I'm Brenda Walker, as Aimee said; I'm Director of the Bureau of Disease Control and Prevention. One of the programs within the bureau is the Immunization Program. I'm here this morning with Pete Bodyk, the Section Chief for the Kansas Immunization Program. Good morning Pete.

Pete Bodyk: Good morning.

Brenda Walker: The summer is quickly passing and soon August will be here. As most of you know, August is National Immunization Awareness Month which provides us in public health an opportunity to highlight the value of immunizations, to discuss the need for improving coverage levels and encourage all people to protect their health by being immunized against infectious diseases across their lifespan.

Vaccines give parents the safe, proven power to protect their children from 14 serious diseases before they turn 2 years old. Every dose of vaccine is important to protect against infectious diseases like the flu, measles and whooping cough (pertussis) that can be life threatening for newborns and young babies. The best protection can be provided by following the

recommended immunization schedule – giving the baby every vaccine she needs, when she needs it – and by making sure those who will be around the baby are vaccinated, too.

Pregnancy is a great time to plan for baby's immunizations – and to make sure the mother has the vaccines she needs to protect herself and pass protection from some diseases to her baby during the first few months of life. In addition to the vaccines recommended for adults, pregnant women need to have a flu shot every year, and the Tdap vaccine during every pregnancy to protect against whooping cough.

Also keep in mind that most young parents in the U.S. have never seen the damaging effects that diseases like polio, measles or whooping cough (pertussis) can have on a family or community. It's easy to think of these as diseases of the past. But the truth is they still exist today.

As Charlie noted, this year, the United States is experiencing a record number of reported measles cases. Many of these cases are associated with measles importations from other countries, including the Philippines, where an outbreak began in October 2013. Most of the reported measles cases occurred in people who were not vaccinated or whose vaccination status was unknown.

August is also the month school starts across the state and the perfect time to make sure children are up to date on their vaccines. This is oh so important because when children are not vaccinated, they are at increased risk for disease and can spread disease to others in their classroom and community – including babies who are too young to be fully vaccinated, and people with weakened immune systems due to cancer and other health conditions. Schools are highly susceptible to outbreaks of infectious diseases because students can easily transmit illnesses to one another as a result of poor hand washing, uncovered coughs and dense populations.

Children age 4 to 6 are due for boosters of four vaccines: DTaP (diphtheria, tetanus, pertussis), chickenpox, MMR (measles, mumps, rubella) and polio. Starting at 11 or 12 –preteens and teens – need Tdap (tetanus, diphtheria,

pertussis), MenACWY (meningococcal conjugate vaccine) and HPV (human papilloma virus) vaccines. A yearly flu vaccine is recommended for all children 6 months and older.

Vaccines are recommended throughout our lives. Young adults need vaccines, too. The need for vaccination does not end in childhood. Vaccines are recommended throughout our lives based on age, lifestyle, occupation, locations of travel, medical conditions and previous vaccination history.

Even healthy young adults can get sick from vaccine-preventable diseases. Protection from vaccines received during childhood can wear off with time, and you may also be at risk for other vaccine-preventable diseases.

Far too few adults are receiving the recommended vaccines, leaving themselves and their loved ones unnecessarily vulnerable to serious diseases.

Most adults have probably not received all the vaccines they need. Unfortunately, far too few adults are receiving the recommended vaccines, leaving themselves and their loved ones vulnerable to serious diseases.

Listen to these statistics.

In 2102:

- Only 14% of adults 19 years or older had received Tdap vaccination.
- Only 20% of adults 60 years or older had received zoster vaccination.
- Only 20% of adults 19 to 64 years at high risk had received pneumococcal vaccination.

Although adults believe immunization is important, many are unaware that they need vaccines. Health care professionals play a critical role in educating their patients about recommended vaccines and ensuring that they are fully immunized.

All vaccines used in the U. S. are required to go through years of extensive safety testing before they are licensed by the U.S. Food and Drug Administration (FDA).

Immunizations is a safe, economical and effective way to give yourself, your children and your community the protection they need to live long and healthy lives.

Please join the Kansas Immunization Program in recognizing National Immunization Awareness Month. You may contact the Program for ideas to help raise awareness about immunizations. Now I'd like to turn the microphone over to Pete Bodyk to talk to you some of the activities playing in the month of August.

Pete Bodyk: OK. Thank you. I just got a few things to update. Our BeeWise Bee is going to be at the Neosho Health Department Immunization event, the first weekend in August and the Bee is going to be at the Pawnee County Health Department event, the weekend of the 16th and the Thomas County Health Department event during the week of August 18th. Also just in a couple of days on the 24th, the Riley County Health Department and the KDHE Immunization Program are hosting a mini-immunization update event for the community. It's going to be conducted for local public health, private practice and school health nurses.

The Wyandotte County Health Department and KU Family Practice are having a Back-to-School fair at KCK Community College in August. We have a Back to school banner and National Immunization Awareness month information on our KDHE website. The Department of Children and Families sites across the state have TV screens in many of their office waiting rooms, and throughout the month they will highlight immunization information on all those screens, also there will be various Back-to-School immunization clinics taking place in August in all areas of the state.

Norton County Health Department has a best practice of using [WebIZ](#) to send reminders for contacting folks in Norton County about vaccines and they've offered the letter. They've been sending out the letter and it's available to anybody who would like a copy of it. You could contact the Immunization Program here at KDHE and we can get you copies or you can contact Norton County Health Department directly. They'd be happy to help out.

Couple of other things not really related to the immunization month but some updates from the Immunization Program: We've recently hired a [VFC](#) coordinator and assistant section chief of immunization. Timothy Budge has already been with the program and if you have been through any of the trainings for WebIZ, you know Timothy already. And in the next week the program is going to be rolling out the online customer service application called Vision Four. We're rolling it out for all 105 health departments before expanding into the private providers. The 2014, '15 immunization school requirement information is updated and posted on the website at www.kdheks.gov/immunize/schoolinfo.

I just wanted to let you know, it's just a couple of months away and for those who aren't aware, but hopefully you are because we've sent out cards; our Kansas Immunization Conference is going to be held September 16 -18 at the Wichita Marriott and we're going to be ready to send out another brochure about registration, you can also register online right now at http://www.kdheks.gov/immunize/immunization_conference.htm. So if you want to attend, we have some great speakers this year including Dr. Eplee, Jill Roark, who is an expert in HVP, Andy Marso who is a meningitis survivor and Dr. William Atkinson. Sign up soon and bring as many people as you can because I think it's going to be a great event. That's all I have. Thank you.

Aimee Rosenow: Thank you so much, Pete and Brenda, for that great update. And now we have an update from Jamie Hemler with the Preparedness Program.

Jamie Hemler: Thanks, Aimee. Good morning everyone. I only have a few quick updates for you today. The 2014 - 2015 Public Health Emergency Preparedness (PHEP) agreements for the public health regions, the Cities Readiness Initiative (CRI) and the tribal nations have been revised and were sent out yesterday. The need for this revision was because of a new mandate to include specific language related to whistleblower protections and non-debarment certification. Therefore, the updated agreements now contain a new Appendix which covers this language.

Emily Farley's role has been modified. She will now be serving as a preparedness program communication and collaboration manager. So she will be doing more work with partner organization to develop the jurisdictional risk assessment. She will also continue to work with regional core centers from both public health and hospitals and ensure templates, tools and resources created by KDHE are consistent with local needs and KDHE program strategies, cooperative agreement guidance and planning capabilities. If you have a need for in-person technical assistance, please contact Emily at efarley@kdheks.gov or (785) 296-5201.

Lastly, as a lot of you know, we have our full-scale exercise coming up the week of August 4th. So we expect for there to be a lot of exercise traffic coming through on WebEOC, KS-HAN, and EMResource. And that's all I have.

Aimee Rosenow: Thank you so much, Jamie. And we do have a couple of updates from the communications office from Sara and myself. First thing, we wanted to remind you that Heatstroke Awareness Day is July 31. So as you probably know we're actually under a heat advisory again today. So we're going to be sharing a lot of safety tips on social media. So you might want to go out and follow us on [Twitter](#) or like our [Facebook](#) page. You can also share those messages with your community as well because [heat](#) is actually the number one killer with a weather related event.

So we definitely want to get that information out to people so they can protect themselves from heat related illness. We also have an [extreme heat toolkit](#) that was developed by the Extreme Weather Events Workgroup and that is on the KDHE webpage under our Bureau of Environmental Health tab. So if you check out the links on right hand side of their page you'll see "Preparing Kansas for Extreme Heat Events" and you'd follow that link it will take you right to our toolkit. There is a lot of really great information available for you to share with your community as well.

As was mentioned August is National Immunization Awareness month. So there is also information available for that. We have some information on [KDHE's webpage](#). There is also the [National Immunization Awareness](#)

[month toolkit](#) on the [CDC webpage](#). It has a lot of great information for sharing these messages with your community. They have graphics already designed. So if you wanted to change out your Facebook cover photo or share some images on your website you can pull those from that toolkit.

There are already some tweets and Facebook posts already drafted in that as well. And so there are just a lot of great resources you can pull from that toolkit. We heard from our Immunization Program, there are a lot of events going on, but if you are planning an event as well related to immunization please share that with us. We'll help you promote that event again through social media and on our website if necessary. So you can contact the Immunization Program or the communication's office to share that news with us and we will share that event information as well.

And now we have an announcement from our communications director, Sara Belfry.

Sara Belfry: So we have a new legislative liaison here at the Kansas Department of Health and Environment. She is kind of replacing Nathan Bainbridge who some of you may have worked with previously. So she will be helping us from now on in working with the Legislature. If you need to get in touch with her for anything legislative related, feel free to give her a call at our main office number. That number is 785-296-0461 or you can shoot her an e-mail at sfosnot@kdheks.gov. Oh, her name is Stacia Fosnot. Sorry about that.

Aimee Rosenow: OK. Thank you so much, Sara. So we've had a lot of detailed updates today. So if you have any questions we'll go ahead and open up the lines for our question and answer session.

Operator: At this time I'd like to remind everyone, if you would like to ask a question simply press star then the number one on your telephone keypad. Again that is star and then the number one. There are no questions at this time.

Aimee Rosenow: OK. Again if you have any questions later feel free to contact anyone who is on this call. You can also send an email to the communications office at communication@kdheks.gov. And thank you so much for taking the time to

join us this morning. Our next call will be August 26th at 10am. Thank you and have a great month.

Operator: This concludes today's conference call. You may now disconnect.

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